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**SPONTANEOUS INTRAMURAL SMALL-BOWEL HEMATOMA: A CAUSE OF ACUTE ABDOMEN IN ANTICOAGULATED PATIENTS**

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*Dear Editor,*

Spontaneous intramural small-bowel hematoma (SISBH) is an uncommon cause of acute abdominal pain in anticoagulated patients (1).

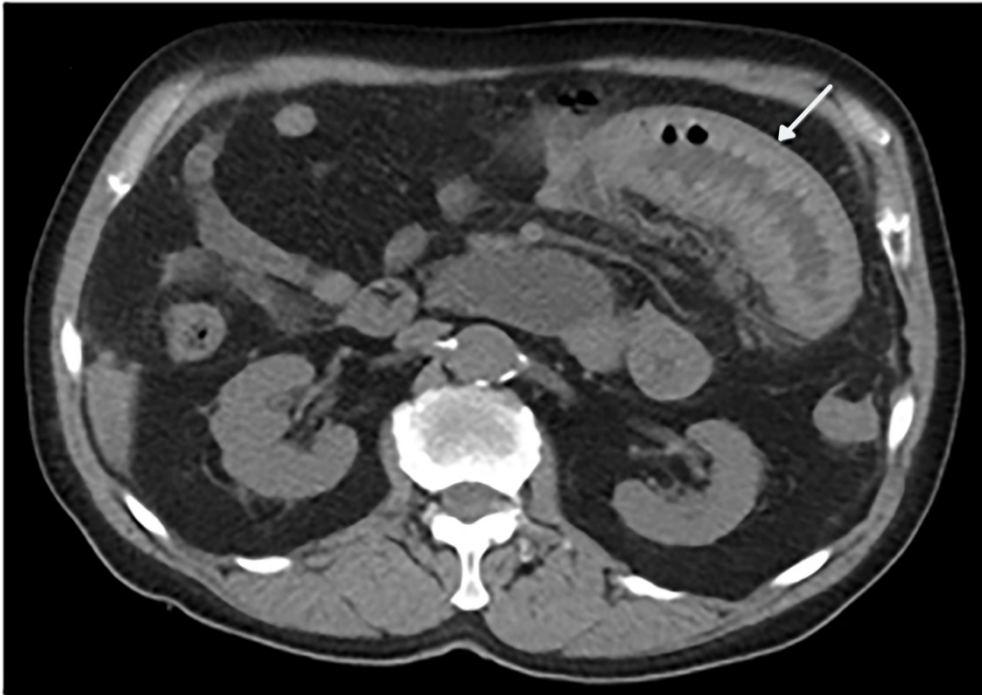
A 72-year-old male, with a history of mechanical mitral valve prosthesis and oral anticoagulation with Acenocoumarol, presented to the Emergency Department with abdominal pain, vomiting and the absence of bowel movements. Physical examination revealed diffuse abdominal pain and distension. Blood tests showed increased acute phase reactants and prolonged clotting time (INR: 5.7). Computed tomography (CT) revealed marked thickening of a long jejunum segment, with mural hyperdensity, free intraperitoneal fluid and proximal dilatation of intestinal loops (Fig. 1), leading to the diagnosis of partial small-bowel obstruction secondary to SISBH. Due to hemodynamic stability and the absence of peritonism, conservative treatment was decided on, evolving favorably after reversal of anticoagulation with vitamin K. Anticoagulation was restarted two weeks after the onset of symptoms, without visible alterations in the control CT one month later.

Clinical presentation is variable, the most common symptoms being abdominal pain and signs of intestinal obstruction (2). Anticoagulant overdose is the most common

cause (3). Non-contrast CT is the test of choice, with the most characteristic features including wall thickening and mural hyperdensity, with luminal narrowing that may be accompanied by signs of intestinal obstruction. The use of intravenous/oral contrast could mask hyperdensity and intraluminal bleeding (4). Endoscopy does not have a defined role in diagnosis, but it could be used as a therapeutic tool (5). Early diagnosis is the key to avoid unnecessary laparotomies, because the evolution is usually favorable with conservative treatment, reserving surgery in case of hemodynamic instability or diagnostic doubt. Anticoagulant treatment is restarted once the hematoma is resolved, and no long-term recurrences have been described (3).

## REFERENCES

- 1- Kang EA, Han SJ, Chun J, et al. Clinical features and outcomes in spontaneous intramural small bowel hematoma: Cohort study and literature review. *Intest Res.* 2019;17(1):135-143. DOI: 10.5217/ir.2018.00085
- 2- Ribeiro H, Azevedo R, Pereira E, et al. Spontaneous intramural intestinal hemorrhage due to anticoagulation therapy. *Rev Esp Enferm Dig.* 2018;110(2):123.
- 3- Abdel Samie A, Sun R, Huber A, et al. Spontaneous intramural small-bowel hematoma secondary to anticoagulant therapy: a case series. *Med Klin Intensivmed Notfmed.* 2013;108(2):144-8. DOI: 10.1007/s00063-012-0184-0
- 4- Lane MJ, Katz DS, Mindelzun RE, et al. Spontaneous intramural small bowel haemorrhage: importance of non-contrast CT. *Clin Radiol.* 1997;52(5):378-380. DOI: 10.1016/S0009-9260(97)80133-X
- 5- Kwon CI, Ko KH, Kim HY, et al. Bowel obstruction caused by an intramural duodenal hematoma: a case report of endoscopic incision and drainage. *J Korean Med Sci.* 2009;24(1):179-183. DOI: 10.3346/jkms.2009.24.1.179



**Figure 1. Axial section of non-contrast IV abdominal CT showing hyperdense symmetric thickening (52 Hounsfield units) of long segment of jejunum (arrow) with adjacent meso edema and free fluid.**